

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lydia McFadden
 33 Cobblestone Court
 Northeast, MA
 01901-2628

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
Lydia McFadden

B. Received by (Printed Name) C. Date of Delivery
Lydia McFadden 7-28

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

RECEIVED
 AUG 2 2005

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

RB 858 396 454 U.S.

RICHARD R. V

ATTORNEY

1220 MARKET ST
WILMINGTON, D

www.Wie

RICHARD R. WIER, JR.*

DANIEL W. SCIALPI

*ALSO ADMITTED IN PA

Reg. Fee		\$7.50		
To Be Completed By Post Office	Handling Charge	\$0.00	Return Receipt	\$1.75
	Postage	\$0.83	Restricted Delivery	\$0.00
	Received by <i>[Signature]</i>			
Customer Must Declare Full Value \$		\$0.00	<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance	
OFFICIAL USE				
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	<i>Richard R. Wier Jr.</i> <i>1220 Market St, Suite 600</i> <i>Wilmington, DE 19801</i>		
	TO	<i>Lydia McFadden</i> <i>33 Cobblestone Court</i> <i>NORTH EAST MD 21901</i>		

Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2004 (7530-02-000-9051) (See Information on Reverse)
For domestic delivery information, visit our website at www.usps.com

Via Registered Mail/
Return Receipt Requested

Lydia McFadden
33 Cobblestone Court
Northeast, MD 21901-2628

Re: **Kimbra Criswell v. Lydia Adair McFadden and Christiana Care Health Services, Inc.**
C.A. No. 05-321 GMS

Dear Ms. McFadden:

The enclosed Complaint was filed on May 23, 2005, and served on the Delaware Secretary of State. Pursuant to 10 Del. C. § 3104, this service is of the same legal force and validity as if served upon you personally within this state. You are required to file an Answer to the Complaint within twenty days. I enclose a copy of the Summons.

Very truly yours,

[Signature]
Daniel W. Scialpi

Enclosures